AUSTRALIAN SOCIETY of DENTISTRY for CHILDREN

MEMBER ASSOCIATION OF IADC

A.S.D.C. - NEWSLETTER

DECEMBER 1987

IN THIS ISSUE

EDITOR'S ADDRESS

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PRESIDENT'S MESSAGE

May I extend my best wishes to all members and readers for a Prosperous and Happy 1988. Australia's Bicentennial Year promises to be eventful if nothing else. What are the events in store for Dentistry and especially Paediatric Dentistry? The scheduled event of major importance to our members is naturally the 25th Congress of the A.D.A. to be held in May at Darling Harbour, Sydney in the Convention and Exhibition Centre. Paediatric Dentistry will contribute to the Congress in the form of lectures, seminars and table demonstrations. I am also proud to say that our contributors will be Australian graduates, which is entirely appropriate in our Bicentennial Year.

Without wishing to anticipate the material to be presented by the individual contributors, I would like to briefly outline the intended content of the seminar, which promises to be one of the highlights of the Paediatric Dentistry input to the Congress.

The Seminar will be titled "FACES, HOW TO DESCRIBE THEM AND WHAT THEY TELL US". It's aim will be to emphasise to the general dental practitioners that they have a significant role in the recognition of the variations in facial form and its relevance to medical and dental conditions.

The Seminar will run for 1-1/4 hours and will include Dr. T. Lipson, Clinical Dysmorphologist from the Sydney Children's Hospital; Miss A. Robinson, a Speech Pathologist and Dr. Richard Widmer, Head of Paediatric Dentistry at Westmead.

Dr. Lipson will describe normal facial features in detail and contrast with examples of pathology - both obvious and subtle deviations.

Anomalies which have dental relevance such as ectodermal dysplasia, single incisor syndrome will be focused on, as well as those which have no dental relevance.

Miss Robinson, Speech Pathologist, will show how language disorders can be symptomatic of clinical dysmorphology, and will encourage dental practitioners to be aware of these disorders. Obviously, to recognise variations in speech, a knowledge of normal speech development of a child should be understood and this will be outlined.

Dr. Widmer will be speaking generally, about the hard and soft tissue dental defects which may suggest or even confirm existing medical conditions and syndromes. Furthermore, by outlining the common skeletal and dental pattern and by highlighting the anomalies of anodontia, open bite, midline diastema, etc., Dr. Widmer hopes to raise awareness of the dental practitioner in the recognition of dysmorphology of the face of the paediatric patient.

I think the Seminar topic is an excellent and interesting choice and I trust other material raised by the lecturers and audience will make this seminar very stimulating and of great clinical value. I personally look forward to the challenge of Chairing this Seminar.

Presentations by Dr. Graham Craig, Dr. Kevin Allen and Dr. Kim Seow will further enhance the calibre of the Paediatric Dentistry contribution to this 25th Australian Dental Congress and I trust this brief synopsis will stimulate both A.S.D.C. members and other Congress delegates to support these presentations.

"See you at Darling Harbour in May."

Bruce Tidswell
PRESIDENT

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PRELIMINARY INVITATION

AUSTRALIAN SOCIETY OF DENTISTRY FOR CHILDREN

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XII I.A.D.C. CONGRESS, ATHENS GREECE

1 - 5 J U N E 1989

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The 11th Congress in Toronto is successfully completing its course and the 12th Congress in Athens is now making its first steps. It will fully mature the first week of June 1989 and until then it needs all your assistance, guidance and support. The Greek organizing committee and its President, Professor Baltas are fully confident that with your enthusiastic participation the 12th Congress in Greece will be highly successful and a memorable event for all the participants.

The scientific programme with the following main topics is of considerable interest to the Pedodontist, Orthodontist and General Practitioner.

MAIN TOPICS

1. Nutrition in Relation to Oral and General Health
2. New Concepts in Conservative Dentistry
3. Orthodontics in Dental Practice

Arrangements have been made for simultaneous translation of all lectures and all modern optico-acoustic facilities will be available.

The Athens Hilton Hotel which will host the meeting is centrally located and has large lecture theatres. It offers spacious and comfortable accommodation, roof garden and large swimming pool.

Athens, the early rostrum of Democracy and Parthenon, perhaps the greatest architectural work of antiquity, are inviting you all to visit them.

Greece is regarded as the Cradle of the Modern Spirit and for centuries has exerted a peculiar enchantment over the imagination of men. The Archaeological, the Byzantine and the other museums in Athens will satisfy this imagination about the great civilizations of Minoa in Crete, Mycenae in Peloponese, the Classical in Athens.

For the delegates and guests, daily excursions and sightseeing tours will be organized to historical places like Delphi and Olympia and to the nearby beautiful islands of Aegina, Hydra and Poros. For those who wish to combine this Congress with their holidays in Greece, there will be special packages for Rhodes, Mykonos, Crete and other islands of the Ionian and Aegean Sea.

Greece offers a unique opportunity for those coming from far and distant places and wish to visit other European and Mediterranean countries like Italy, France, Spain, Egypt and Israel.

Triaena is the official travel agent of the Congress and has offices worldwide, while Olympic Airways is the official airline.

The Greek climate, dry and gifted with the most magical of skies incites the action, while the clean and blue sea invites you for swimming.

Greece lives on between legend and reality and this is precisely what it offers to the modern visitor, amidst the charm of its summer which begins in April and often does not end until November, and the warmth of its traditional hospitality which begins with a spontaneous welcome and never ends. A glass of ouzo and the sound of bouzouki is all you need to be happy and keep awake until the early hours of the day.

The Greek delegates Professor Baltas and Dr. Halazonetis, will be glad to give you any additional information you may need. Taking the opportunity we would like to thank the organizing committee of this Congress and its President, Dr. Pulver, for all their hospitality and the help we received to advertise the 12th Congress in Athens. We would also like to extend special greetings to our colleagues and dear friends from Japan. We will be glad to offer them every help and the necessary facilities to organise successfully the 13th Congress in Tokyo in 1991.

Looking forward to seeing and welcoming you all in Athens in 1989, we cordially invite you to participate in the 12th Congress in Greece.

Secretariat
Prof. N. Baltas
41, Skoufa Street,
Athens 106 73, Greece.

A PRELIMINARY INVITATION FOR YOU TO ATTEND

12TH C O N G R E S S

INTERNATIONAL ASSOCIATION OF DENTISTRY FOR CHILDREN

ATHENS HILTON HOTEL, ATHENS GREECE

JUNE 1 - 5, 1989

SCIENTIFIC PROGRAMME

MAIN TOPICS

- Nutrition in relation to oral and general health
- New Concepts in conservative dentistry
- Orthodontics in dental plastice

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PAEDIATRIC AIDS

(by Kaye McNaught, RN., Clinical Nurse Specialist
Department of Clinical Haematology & Oncology,
Royal Childrens Hospital, Melbourne.)

The Centres for Disease Control (CDC) in Atlanta, Georgia, define paediatric acquired immune deficiency syndrome (AIDS) as being a "...disease at least moderately indicative of an underlying cellular immune deficiency.."(1) The cause of the deficiency may or may not be known. Specific conditions that must be excluded before a diagnosis of paediatric AIDS can be made are:

- congenital immunodeficiencies, e.g. severe combined immunodeficiency, DiGeorge Syndrome, Wiskott-Aldrich Syndrome;

- congenital infections, e.g. cytomegalovirus, rubella, toxoplasmosis;

- Secondary immunodeficiencies, e.g. therapeutic immunosuppression, lymphoreticular malignancy and malnutrition.

Histologically confirmed chronic lymphoid interstitial pneumonitis with a positive test for HIV antibodies is indicative of paediatric AIDS.

CLASSIFICATION:

The CDC classification (2) of disease outcomes from infection with HIV is:

Group I - acute infection;
Group II - asymptomatic infection;
Group III - persistent generalized lymphadenopathy;
Group IV - other diseases.

The five subgroups of Group IV are:

A - constitutional disease;
B - neurologic disease;
C - secondary infectious diseases;
D - secondary cancers;
E - other conditions.

Subgroup A - constitutional disease:

This refers to the AIDS related Complex which exhibits symptoms and antibody positive tests for HIV. (3) In Australia subgroup A is known as Category B. The clinical features of paediatric AIDS include:

- failure to thrive;
- weight loss which may be insidious;
- fever;
- malaise;

- night sweats;
- diarrhoea;
- fatigue;
- arthralgias;
- myalgias;
- oral candida;
- hepatosplenomegaly;
- recurrent severe bacterial infections;
- chronic parotid swelling, (4, 5, 6)

Subgroup B - neurologic disease:

It was noted recently at the Paris International Conference on AIDS that neurologic disease is commonly associated with paediatric AIDS. The disease may manifest early and involve retarded development. Other problems associated with neurologic disease are peripheral neuropathy, acquired microcephaly, dementia, myelopathy and encephalopathy which may be progressive. (7, 8, 9)

Subgroup C - secondary infectious disease:

Pneumocystis carinii pneumonia (PCP) remains the most common opportunistic infection associated with paediatric AIDS. (10, 11, 12) Other secondary infections include adenovirus, cytomegalovirus, hepatitis B virus and Epstein-Barr virus. Up to April 1986 in the USA, 53 per cent of paediatric AIDS cases had PCP and 44 per cent of cases had an opportunistic infection without PCP or a secondary cancer. (13)

TRANSMISSION OF HIV:

- Vertical - Mothers who are infected with HIV are able to transmit the virus to the infant before, during or after delivery.

- Blood - Transmission has been documented in recipients of blood transfutions and pooled blood product concentrates and in those who have shared contaminated needles and syringes.

- Sexual - Transmission has been documented in male to male, male to female and female to male sexual contacts.

Although all body fluids have been shown to contain HIV, to date only blood, semen, vaginal/cervical secretions and breast milk (14) have been shown to transmit the virus.

INCIDENCE:

Through a national surveillance system established in 1981, CDC monitors the occurrence of AIDS in the US population. By April 1986, 362 cases of AIDS in children under 19 years of age had been reported. (15) Seventy-five per cent of cases were attributable to perinatal transmission, and 20 per cent to transmission by blood or pooled blood product concentrates (PBPC). Sixty per cent of cases of perinatally acquired AIDS were seen in the black community where there was primarily a problem of intravenous drug use, approximately 22 per cent were children of Haitian born women and 15 per cent were sexual partners of men at increased risk for AIDS. (16) Up to February 1986 five of the 165 cases of AIDS in Australia had occurred in children under 19 years of age.

GROUPS AT RISK:

- Infants born to parents in an at risk group for HIV;

- Adolescents or children exposed to HIV through sexual contact or IV drug use;

- Before the introduction of declaration forms, screening of blood donors and heat treatment of PBPC in early 1985, recipients of PBPC and blood transfusions were at risk.

Currently in Victoria the haemophilia group or those with bleeding disorders constitute the largest paediatric group who are known to have been exposed to HIV, approximately 70 per cent of severe haemophilia cases having been exposed through PBPC transfusion. A person with severe haemophilia requires treatment with a clotting factor at least once a week. An on-going family study of this group has not yet detected cases of transmission of HIV to family members involved in the administration of coagulation products. (17)

Children with aplastic anaemia and sickle cell anaemia may require multiple blood transfusions and a child with thalassaemia of up to four units of blood is required. Very few recipients of multiple transfusions in Victoria have been affected by HIV which should restore confidence in the Blood Bank system. This also demonstrates that since the implementation of declaration forms and donor screening for antibodies to HIV it is difficult to transmit HIV through the Blood Bank system.

Infants born to mothers affected by HIV may develop problems with HIV infection much earlier than those infected as older children or adults. In utero transmission of paediatric AIDS was proven by the identification of HIV in abortuses of HIV infected women and it is known that up to 65 per cent of these women may transmit the disease in utero to their offspring. (18) When following up these infants, it was noted at the International Conference on AIDS in Paris, that the infant may be viraemic with no detectable antibody for up to 15 months after delivery. Fatality rates in infants were almost twice as high as in children older than a year of age with the mean survival time after diagnosis being lower in infants (four months) than in older children (eight months). (19)

TESTS AND EXAMINATIONS:

At Melbourne's Royal Children's Hospital a wide range of blood tests and physical examinations of children at risk are performed on a regular basis. Included are a full blood examination and platelet count, liver function tests, immune function tests and viral studies. Some of the laboratory findings that have been observed with HIV infection are lymphopenia, a decrease in the number of T_4 Helper cells, a reversal of the T_4:T_8 ratio, abnormal lymphocyte function with a decreased response to mitogens, thrombocytopenia and an increase in immunoglobulin levels. In paediatric AIDS the B cell numbers may be increased and abnormal B lymphocyte activity may be apparent early leading to problems with recurrent bacterial sepsis.

The issues of confidentiality have been addressed by the hospital and paediatric AIDS related tests are performed only with informed consent. The tests are coded and results are not sent through the normal systems, nor are they placed in the patient's unit record. Results are disclosed to treating physicians or outside institutions only with the consent of the patient or family.

FAMILY EDUCATION:

It has been suggested that perhaps the AIDS virus is an opportunistic infection waiting for the opportunity to become activated and replicate. For this reason it is important that we promote a healthy lifestyle which may look after an at risk immune system.

Education for patients and families affected by HIV covers the following areas:

- knowledge of AIDS;
- handling of pooled blood product concentrates and disposal of equipment;
- handling of blood if external bleeding occurs and treatment of blood spills;
- what precautions are necessary for sexual activity;
- how to answer questions like; Have you got AIDS?

Through education of the community we hope to prevent cases of AIDS in adults, which would in turn prevent cases of AIDS in children. Some high risk groups may require behaviour modification, drug rehabilitation programmes and education in the dangers of using non-sterile needles. Prevention of congenital cases through birth control and abortion are also important. As stated previously, screening of blood donors and heat treatment of PBPC has gone a long way in preventing further cases of transfusion-associated AIDS.

INFECTION CONTROL:

At the RCH, patients are nursed according to the guidelines for hospital management of patients at risk of transmitting HIV or a bloodborne hepatitis virus. Currently all patients in the known high risk groups are treated as being potentially infectious for HIV. Isolation of patients is necessary if they are bleeding openly, have open wounds, pulmonary disease with a cough or are behaving inappropriately. The patients' unit records are flagged to alert, health care workers to take the necessary precautions.

TREATMENT:

There is very little effective treatment for paediatric AIDS at this time. Periodic intravenous administration of generic or hyper-immune (anti-HIV) gammaglobulin may be of some value. (22) Prophylactic drugs have been administered, particularly in the adult groups, and some drugs used have been Acyclovir, Ketoconazole and Bactrim. Early diagnosis and treatment of opportunistic infections and malignancies associated with AIDS may prolong survival.

The problems associated with paediatric AIDS have been addressed in the 'Reports of the AIDS Task Force of the Australian College of Paediatrics'. (23) Recommendations have been made in the areas of:

- pregnancy
- neonatal and obstetric care
- breastfeeding
- adoption
- pre-schools
- schools
- immunizations

Because of the complexities involved in working in the areas of paediatric AIDS it is generally thought that making blanket policies will not provide solutions to some of the controversial issues that are raised. It is preferred that each case be assessed individually and judged on its own merits.

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BRANCH NEWS

Victorian Branch

The Victorian Branch held its final Dinner Meeting for 1987 in October, and were treated to a thought-provoking lecture from Dr. John Brownbill, recently returned from the U.S.A. The text of this lecture appeared in the previous Newsletter.

The A.G.M. was held on 27th November, 1987 at the home of Vera and Roger Hall. A delightful evening was had by all in attendance, and the following office bearers for 1988 were elected.

President:	Dr. Chris Olsen
Vice-President:	Dr. Mike Morgan
Secretary/Treasurer:	Dr. Leigh Pagonis

An interesting programme has been set for 1988, including a CONVENTION DAY to be held in conjunction with the Australian Society of Endodontology (Victorian Branch) at which Dr. Jens Andreasen will be the guest speaker on "TRAUMATIC INJURIES TO THE TEETH".

The Victorian Branch wishes all other Branches of the A.S.D.C. a successful 1988.

Felicity James

Notes from the WEST

The Branch held its final gathering for the year at the magnificent Esplanade Hotel in Fremantle on November 13th. The hotel was refurbished and expanded just over a year ago for some reason to do with a series of yacht races. Our Guest of Honour for this successful occasion was Dr. Bill Dermer. Bill has practised dentistry in Fremantle for the best part of thirty five years. Before that, his father and grandfather were medical practitioners in Fremantle so that a member of the family has been serving as a health professional in that city for ninety three years! Needless to say, Bill was able to recount many interesting tales of how dentistry had changed over the years of his practice and how this related to the fluctuating fortunes of the City of Fremantle. He had some well-proven ideas on practice-building and also told of the manner in which the water fluoridation battle was fought and won in Perth. However, he still considered his greatest achievement to be the provision of affordable effective orthodontic treatment over many years, and he lamented the apparent lack of orthodontic understanding being revealed by more recent graduates. Bill also spoke with justifiable pride on how his practice had provided opportunities for dentists and dental assistants starting in employment.

At the meeting, retiring Branch President Peter Gregory announced the Office Bearers for 1988. John Hands will accede to the office of President; John Winters to the Vice Presidency whilst Meredith Arcus becomes a committee person. Alistair Devlin continues as Secretary-Treasurer.

Alistair Devlin, Secretary

New South Wales Branch:

The Branch held its 11th Annual General Meeting on Tuesday 17th November, 1987 at the Glenview Inn and Function Centre, St. Leonards. Nominations were called from the floor for the positions of President, Secretary, Treasurer, Committee Members and Federal Councillor. The office bearers for 1988 are as follows:-

President: Dr. Alain Middleton
Secretary: Dr. Judy Fenton
Treasurer: Dr. Angus Cameron

Committee Members:
Dr. Richard Widmer & Dr. Tissa Jayasekera

Federal Councillor:
Dr. Alain Middleton

The A.G.M. was followed by our 50th General Meeting.

Our Guest Speaker for the evening, DR. HARRY LAMPLOUGH, Former Director of Dental Services, Department of Health, W.A. spoke about "Silver Fluoride under GIC - Hinderance or Help". Dr. Lamplough presented histologic findings of the favourable pulpal effects of the use of Silver Fluoride under GIC.

Our first meeting for 1988 will be held on Tuesday 22nd March. Our Guest Speaker for the evening will be DR. IAN WALTERS who will speak on "Building Better Faces - An Orthopaedic Approach". His presentation will show how orofacial orthopaedics should normally precede orthodontics to dramatically reduce the need for bicuspid extraction and enhance facial form and long-term occlusal stability. The need for early treatment in the primary and mixed dentition will be emphasized.

We wish all other Branches a Merry Christmas and Successful New Year.

Judy Fenton - Secretary

South Australian Branch:

At our August Dinner Meeting, held in the University of Adelaide Staff Club, our Guest Speaker was DR. JOHN ABBOTT, Director of Continuing Dental Education. He spoke on two topics; the first as "The Future of the Postgraduate Committee in Dentistry". The Committee has been established twenty five years and its objective is to direct continuing dental education through day and/or extensive courses, including the Certificate in Clinical Dentistry. Dr. Abbott discussed the past history and the plans for the future. He quoted Dr. G.V. Black as a basis for dentists to continue education:-

> "The professional man has no right to be other than a continuous student".

Rapid technological change, sophisticated new materials, the need to redefine old guidelines and the increasing accountability of the dentist make us aware of the limitations of the undergraduate education and the moral obligation to constantly reassess our knowledge and practice of new advances.

Dr. Abbott's second topic was titled "A Pot Pourri of Materials and Technics" and certainly was a mixture of historical highlights, clinical hints and also abolishing myths. The informative meeting concluded with a stimulating question and answer segment.

The South Australian Branch held its Annual General Meeting on 27th October, 1987. The President (S.A. Branch) Dr. Margaret Evans gave her report on the past two years. Membership has remained steady over this time but it is disappointing that we have so few younger practitioners. Meetings have had reasonable attendances, with a wide selection of speakers enjoyed by all. The Secretary/Treasurer's report was distributed and it was voted to maintain subscriptions at the same level in 1988. Our new officers were elected and inducted:-

President:	Dr. Jeff Wright
Vice President:	Dr. Fraser Gurling
Secretary/Treasurer:	Dr. Meredith Fantham

Dr. Bruce Tidswell spoke on Federal matters for our members' information and feedback.

Our Guest Speaker at the A.G.M. was Dr. Don Gilchrist, an Orthodontist who spoke enthusiastically on his other professional pursuit "Sailing". It was an absorbing talk and we learned of the skills required and some of the costs, legalitites and tactics of racing. Don will be a crewman in the Southern Cross Classic in December 1987 and the members wished him well.

SOUTH AUSTRALIAN BRANCH 1988 PROGRAMME

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The production of this Newsletter has been assisted by Colgate Palmolive Pty. Ltd.

Queensland Branch:

The Annual General Meeting of the Queensland Branch was held at the United Services Club on Monday 16th November, 1987.

Welcomed to the new Board for 1988 were :-

President:	Dr. Kim Seow
Secretary/Treasurer:	Dr. Paul Killoran
Committee Member:	Dr. Bill Wilson
Federal Delegate:	Dr. John Keys

The President's report was delayed in part and dthe Secretary is to circulate the report in total at the next meeting. The Treasurer's Report was accepted and it was agreed that subscriptions would remain at $40.

It was moved that the 8th Biennial congress of the A.S.D.C. be convened in October 1988 to coincide with Expo. Preparations are well under way to ensure the success of what promises to be a wonderful opportunity. The Congress Committee was established - membership being:

Chairman of Congress Scientific Committee	Dr. L. Bourke
Chairman of Congress Social Committee	Dr. K. Hallet
Expo 99 Liaison	Dr. T. Condon

A most pleasant evening was enjoyed by all who attended the A.G.M. and the Board looks forward to the yer ahead in anticipation of your involvement and support by attendance at 1988 meetings.

Notice of Meeting

Date:	Monday 1st February 1988
Time:	8.00 p.m.
Venue:	Owen Pearn Seminar Room, University Dental School
Speaker:	DR. CAROLYN ACTON
TOPIC:	"SOME CONDITIONS OF CHILDREN REQUIRING ORAL SURGERY MANAGEMENT"
Please Note:	A number of members will be dining prior to the meeting. Members and guests are most welcome to join in - United Services Club - 6.00 p.m. Please confirm by phoning Paul Killoran on 376.1065 before noon Friday 29th January, 1988.

AUSTRALIAN SOCIETY OF DENTISTRY FOR CHILDREN

SOUTH AUSTRALIAN BRANCH

PROGRAMME FOR 1988

TUESDAY FEBRUARY 16TH

Guest Speaker - Dr. N. Wigg "AN AIDS EDUCATION PROGRAMME FOR SOUTH AUSTRALIAN CHILDREN"

TUESDAY APRIL 19TH

Guest Speaker from the Children's Television Committee -

"WHAT'S ON T.V. TONIGHT?"

TUESDAY JUNE 21st

Guest Speaker - Dr. B. Robinson "ORAL SURGERY MANAGEMENT OF THE CHILD PATIENT"

TUESDAY AUGUST 23rd

Clinical Forum - A Panel of Clinicians "ANSWERS TO YOUR QUESTIONS ON CHILDREN'S DENTISTRY"

TUESDAY OCTOBER 18TH

Guest Speaker - Dr. R. Macdonald "DENTAL RADIOGRAPHY"

Please contact - JEFF WRIGHT (08) 79.6627 - FRASER GURLING (08) 51.4241 OR - MEREDITH FANTHAM (08) 261.9031 - for further information regarding full membership or attendance at individual meetings.